



FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/941,180-Conf. #7067	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	August 27, 2001	
		First Named Inventor	Hideyuki Harada	
		Examiner Name	M. Mayes	
TOTAL AMOUNT OF PAYMENT (\$)		110.00	Attorney Docket No.	M1071.1440/P1440
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES		
<input type="checkbox"/> Deposit Account: Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP		Large Entity Small Entity		
The Director is authorized to: (check all that apply)		Fee Code Fee (\$)		
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Code Fee (\$)		
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		Fee Description		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Fee Paid		
FEE CALCULATION		Large Entity Small Entity		
1. BASIC FILING FEE		Fee Code Fee (\$)		
Large Entity Small Entity		Fee Description		
Fee Code Fee (\$)		Fee Paid		
1001 770 2001 385 Utility filing fee				
1002 340 2002 170 Design filing fee				
1003 530 2003 265 Plant filing fee				
1004 770 2004 385 Reissue filing fee				
1005 160 2005 80 Provisional filing fee				
SUBTOTAL (1) (\$)		0.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		Large Entity Small Entity		
Total Claims -- = Extra Claims Fee from below Fee Paid		Fee Code Fee (\$)		
Independent Claims -- = Fee Paid		Fee Description		
Multiple Dependent -- = Fee Paid		Large Entity Small Entity		
Large Entity Small Entity		Fee Code Fee (\$)		
Fee Code Fee (\$)		Fee Description		
1202 18 2202 9 Claims in excess of 20				
1201 86 2201 43 Independent claims in excess of 3				
1203 290 2203 145 Multiple dependent claim, if not paid				
1204 86 2204 43 ** Reissue independent claims over original patent				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent				
SUBTOTAL (2) (\$)		0.00		
**or number previously paid, if greater; For Reissues, see above		Other fee (specify)		
SUBMITTED BY		(Complete if applicable)		
Name (Print/Type) Edward A. Meilman		Registration No. (Attorney/Agent) 24,735		
Signature Edward A. Meilman		Telephone (212) 896-5471		
		Date October 10, 2003		

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